UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

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33-CA-15307	// 2/15/07	

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MCTDI	ICTIONS.	

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

	RAGAINST WHOM CHARGE IS BROU	
a. Name of Employer		b. Number of workers employed
MYLES LORENTZ INCORPORATED		0
c. Address (Street, city, state, and ZIP code)	d. Employer Representative	e. Telephone No.
48822 OLD RIVER BLUFF ROAD	THOMAS	(507)625-3886
ST. PETER MN 56082-	LETTZ	Fax No. (507)388-3209
f. Type of Establishment (factory, mine, wholesaler, etc.) TRUCKING	g. Identify principal product or service HAULING OF ROCK AND OTHER	An and the second
 The above-named employer has engaged in and is engaged (list subsections) 		aning of section 8(a), subsections (1) of the National Labor Relations Act,
and these unfair labor practices are practices affecting	commerce within the meaning of the Act.	
THE CONSTRUCTION OF A WIND FARM NEAR	ELLSWORTH, IL.	
By the above and other acts, the above-named employer Section 7 of the Act.		
 Full name of party filing charge (if labor organization, given (b) (6), (b) (7)(C) 	e full name, including local name and numbe	er)
4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	4b. Telephone No. (b) (6), (b) (7)(C) Fax No. () -
5. Full name of national or international labor organization organization)	of which it is an affiliate or constituent unit (to	o be filled in when charge is filed by a labor
(b) (6), (b) (7)(C) e charg	6. DECLARATION e and that the statements are true to th (b) (6), (b) (7)(C)	e best of my knowledge and belief. INDIVIDUAL (Print/type name and title or office, if any)
(b) (6), (b) (7)(C) (b) (6), (c)	(b) (7)(C) (fax) () - (b) (6), (b)	2/12/07

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

1
 Case

FORM EXEMP PER 44 U.S.C 3512

DO NOT WRITE IN THIS

33-CA-15340. // 3/26/07

Date Filed

INSTRUCTIONS:

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged

	RAGAINST WHOM CHARGE IS BROU	GHT
Name of Employer imberland Lighting		b. Number of workers employed 70
Address (Street, city, state, and ZIP code) P. O. Box 128 Geneseo IL 61254-	d. Employer Representative Jerry Burdick Project Manager	e. Telephone No. (309)944-1297 Fax No. (309)944-9300
Type of Establishment(factory, mine, wholesaler, etc.) /holesale Lighting Contractor	g. Identify principal product or service : Installing Lighting	
h. The above-named employer has engaged in and is engand (list subsections) (3) and these unfair labor practices are practices affecting		ning of section 8(a), subsections (1) of the National Labor Relations Act,
dditional decrease in our piece part rates.		
<u></u>	5,5,1,1,3,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	*
	5,5,1,1,3,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	*
Section 7 of the Act. 8. Full name of party filing charge (if labor organization, give b) (6), (b) (7)(C) 14. Address (Street and number, city, state, and ZIP code)	(b) (6), (b) (7)(C)	4b. Telephone No. (b) (6), (b) (7)(C) Fax No. () -
Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code) 5) (6), (b) (7)(C) 5. Full name of national or international labor organization organization)	(b) (6), (b) (7)(C)	4b. Telephone No. (b) (6), (b) (7)(C) Fax No. () - be filled in when charge is filed by a labor

FORM NLR8-(11-88)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

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Case	Date Filed
33-CA-15341	1/ 3/28/07

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14.5			•		JIN	Э.

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged

Fimberland Lighting 2. Address (Street, city, state, and ZIP code) 2. O. Box 128 Geneseo IL 61254- Burdick Project Manager Burdick Fax No. (309)94: Type of Establishment/factory, mine, wholesaler, etc.) Type of Establishment/factory, mine, wholesaler, etc.) Type of Istablishment/factory, mine, wholesaler, etc.) Burdick Project Manager Burdick Fax No. (309)94: The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), and (list subsections) (3) of the National Lal and these unfair labor practices are practices affecting commerce within the meaning of the Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Since on or about [IDINIO] 2007, the above-named Employer has discriminated against me and other employengaged in union and protected concerted activities. On or about [IDINIO] 2007, the above-named Employer discharged (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C) and (c)	
Jerry	er of workers employed 70
Type of Establishment (factory, mine, wholesaler, etc.) Notesale Lighting Contractor The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), and (list subsections) (3) of the National Lat and these unfair labor practices are practices affecting commerce within the meaning of the Act. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) single on or about (100,000,000) (2007), the above-named Employer has discriminated against me and other employengaged in union and protected concerted activities. On or about (100,000,000) (2007), the above-named Employer discharged (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C) and (c), (c), (d), (d), (d), (d), (d), (e), (e), (e), (e), (e), (e), (e), (e	
Notesale Lighting Contractor Installing Lighting h. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), and (list subsections) (3) of (the National Lat and these unfair labor practices are practices affecting commerce within the meaning of the Act. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) innec on or about (10,00,00,00,00,00,00,00,00,00,00,00,00,0	-9300
and (list subsections) (3) of the National Lal and these unfair labor practices are practices affecting commerce within the meaning of the Act. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) since on or about (100,000,000) (2007, the above-named Employer has discriminated against me and other employing aged in union and protected concerted activities. On or about (100,000,000) (100,000	
Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) lince on or about (a) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	
Section 7 of the Act. Full name of party filing charge (if labor organization, give full name, including local name and number) (b) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 4b. Telephology (b) (6), (b) (7)(C)	
a. Address (Street and number, city, state, and ZIP code) (b), (b), (7)(C) 4b. Telephology (b), (6), (b), (7)(C)	of the rights guaranteed in
(b) (6), (b) (7)(C)	
//s\//s\//s\//s\//s\//s\//s\//s\//s\//s	
(b) (6), (b) (7)(C) Fax No. () -	
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge anization) 6. DECLARATION 6. DECLARATION (b) (6), (b) (7)(C) (c) (b) (6), (b) (7)(C) (d) (6), (b) (7)(C)	
(Print/type	Individual ame and title or office, if any
(b) (6), (b) (7)(C) (address (b) (6), (b) (7)(C)	V03-21-20

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TEAMSTERS LOCAL 325

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER 815 874 4694 P.01/01

Date Filed 4/2/07

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33-CA-15349

INST	RL	C	no	NS:

File an original and 4 copie	of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice
occurred or is occurring.	

1. EMPLOYI	ER AGAINST WHOM CHARGE IS BROUGHT	A
a. Name of Employer Vitran		b. Number of Workers Employed 25
c. Address (atreet city, State, ZiP, Code) 1636 New Milford School Road	d. Employer Representative	e. Telephone No. 815-873-0101
Rockford, Illinois 61109	Ted Case	Fax No. 815-874-4395
Type of Establishment (factory, mine, wholesaler, etc.) common carrier	g. Identity Principal Product or Service trucking	

of the National Labor Relations Act, and these unfair labor subsections) 3 practices are unfair practices affecting commerce within the meaning of the Act.

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices.)

On or about 3-29-2007 the above named employer thru its officers and agents discriminated against (b) (6), (b) (7)(C) by making remove cap along with the Union pins because of support of the Union.

By the above and other acts, the above-named employer has interfered with, restrained, and coerced employees in the exercise of the rights gueranteed in Section 7 of the Act.

3. Full name of party filing charge (If labor organization, give full name, including local name and number)

Teamsters Local 325

4u. Address (street and number, city, State, and ZIP Code)

4b. Telephone No. 815-874-6307

5533 11th Street

Addres

Rockford, Illinois 61109

Fex No. 815-874-4694

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filed in when charge is filed by a labor organization) International Brotherhood of Teamsters

6. DECLARATION

e read the above charge and that the statements are true to the best of my knowledge and belief.

Business Representative

esentative or person making charge)

(Tibe, if any) Fax No. 815-874-4694

5533 11th Street Rockford, Illinois 61109

3-31-2007 815-874-6307

(Telephone No.)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	I OINIII EXEM	DEI 144 0.0.C 3012
DO NOT WRI	TE IN THIS	SPACE
Case 33-CA-15390°	'Date Filed	5/15/07

INST		-	

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER	R AGAINST WHOM CHARGE IS BROU	GHT
Name of Employer COMMUNITY HOSPITAL OF OTTAWA		b. Number of workers employed 600
: Address (Street, city, state, and ZIP code) 100 EAST NORRIS DRIVE	d. Employer Representative BOB CHAEFEN	e. Telephone No. (815)433-3100
OTTAWA IL 61350-		Fax No.
Type of Establishment (factory, mine, wholesaler, etc.) OSPITAL	g. Identify principal product or service MEDICAL CARE	
 h. The above-named employer has engaged in and is engand (list subsections) and these unfair labor practices are practices affecting 		aning of section 8(a), subsections (1) of the National Labor Relations Act,
By the above and other acts, the above-named employer	has interfered with, restrained, and coerced em	ployees in the exercise of the rights guaranteed in
Section 7 of the Act. Full name of party filing charge (if labor organization, give) (6), (b) (7)(C)	e full name, including local name and numbe	n
a. Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	4b. Telephone No. (b) (6), (b) (7)(c) Fax No. () (b) (6), (b) (7)(0)
[b] (6	6. DECLARATION se and that the statements are true to the (5), (b) (7)(C)	o be filled in when charge is filed by a labor
$_{\text{ddress}}$ (b) (6), (b) (7)(C)	(fax) () - (b) (6), (b) (7	(date) 05-14-0

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

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DO NOT WRI	TE IN THIS	SPACE	-
Case 33-CA-15457	Date Filed	8/21/07	The second second

	ICT	

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged

Name of Employer	R AGAINST WHOM CHARGE IS BROU	
		b. Number of workers employed
RINITY MEDICAL CENTER		
Address (Street, city, state, and ZIP code)	d. Employer Representative	eXTelephone No.
01 A STREET	LISA	(309) -779-5000
OCK ISLAND, IL 61201-	HENDERSON HR MANAGER	Fax No.
Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service MEDICAL SERVICES	177.
 The above-named employer has engaged in and is engaged and (list subsections) 	gaging in unfair labor practices within the me	aning of section 8(a), subsections (1) of the National Labor Relations Act,
and these unfair labor practices are practices affecting	commerce within the meaning of the Act.	-
Basis of the Charge (set forth a clear and concise statement	ent of the facts constituting the alleged unfai	r labor practices)
NCE ON OR ABOUT (b) (6), (b) (7)(C) 2007, THE ABO	WE NAMED EMBLOVED DISCRIM	DIATED ACADIST ME AND
NCE ON OK ABOUT	V E-NAMED EMPLOTER DISCRIM	INATED AGAINST ME AND
SCHARGED ME TO RETALIATE AGAINST M	E BECAUSE LENGAGED IN A PRO	TECTED CONCERTED ACTIVITY
		Charles (Districted Authors) and as 1 all au
By the above and other acts, the above-named employer h	nas interfered with, restrained, and coerced emp	ployees in the exercise of the rights guaranteed in
Section 7 of the Act.		
Section 7 of the Act. Full name of party filing charge (if labor organization, give		
Section 7 of the Act. Full name of party filing charge (if labor organization, give) (6), (b) (7)(C)		4b. Telephone No. Co el
Section 7 of the Act. Full name of party filing charge (if labor organization, give) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code)		4b. Telephone No. Co. el
Section 7 of the Act. Full name of party filing charge (if labor organization, give) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code)	full name, including local name and number	4b. Telephone No. Co. (b) (b) (6), (b) (7)
Section 7 of the Act. Full name of party filing charge (if labor organization, give) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code)		4b. Telephone No. (b) (b) (6), (b) (7) (b) (6), (b) (7)
Section 7 of the Act. Full name of party filing charge (if labor organization, give) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C)	full name, including local name and number	4b. Telephone No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (c) (d) (d), (d) (7)
Section 7 of the Act. Full name of party filing charge (if labor organization, give) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization or	full name, including local name and number	4b. Telephone No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (c) (d) (d), (d) (7)
Section 7 of the Act. Full name of party filing charge (if labor organization, give b) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization or	full name, including local name and number	4b. Telephone No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (c) (d) (d), (d) (7)
Section 7 of the Act. Full name of party filing charge (if labor organization, give b) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization organization)	(b) (6), (b) (7)(C) If which it is an affiliate or constituent unit (to	(b) (6), (b) (7)(C) (b) (6), (b) (7) Fax No. () - be filled in when charge is filed by a labor
Section 7 of the Act. Full name of party filing charge (if labor organization, give b) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization organization)	(b) (6), (b) (7)(C) If which it is an affiliate or constituent unit (to	(b) (6), (b) (7)(C) (b) (6), (b) (7) Fax No. () - be filled in when charge is filed by a labor
Section 7 of the Act. Full name of party filing charge (if labor organization, give) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization organization)	(b) (6), (b) (7)(C) If which it is an affiliate or constituent unit (to	(b) (6), (b) (7)(C) (b) (6), (b) (7) Fax No. () - be filled in when charge is filed by a labor
Section 7 of the Act. Full name of party filing charge (if labor organization, give) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization organization)	(b) (6), (b) (7)(C) If which it is an affiliate or constituent unit (to	(b) (6), (b) (7)(C) (b) (6), (b) (7) Fax No. () - be filled in when charge is filed by a labor best of my knowledge and belief. INDIVIDUAL
Section 7 of the Act. Full name of party filing charge (if labor organization, give b) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization organization) (b) (6), (b) (7)(C) charge (b) (6),	(b) (6), (b) (7)(C) If which it is an affiliate or constituent unit (to 6. DECLARATION and that the statements are true to the (b) (7)(C)	(b) (6), (b) (7)(C) (b) (6), (b) (7) Fax No. () - be filled in when charge is filed by a labor
Section 7 of the Act. Full name of party filing charge (if labor organization, give b) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization organization) O) (6), (b) (7)(C) charge (b) (6), (b) (6), (b) (6), (b) (6), (b) (6), (c)	(b) (6), (b) (7)(C) of which it is an affiliate or constituent unit (to 6. DECLARATION and that the statements are true to the (b) (7)(C) (fax) () -	be filled in when charge is filed by a labor best of my knowledge and belief. INDIVIDUAL (Print/type name and title or office, if any.)
Section 7 of the Act. Full name of party filing charge (if labor organization, give b) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization organization) (b) (6), (b) (7)(C) charge (b) (6), (c) (7)(C)	(b) (6), (b) (7)(C) (f which it is an affiliate or constituent unit (to 6. DECLARATION and that the statements are true to the (b) (7)(C) (fax) () - (b) (6), (b) (7)(C)	be filled in when charge is filed by a labor best of my knowledge and belief. INDIVIDUAL (Print/type name and title or office, if any

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

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Case		Date Fi	led	
	33-CA-15484	11	10/2/07	

INSTRUCTIONS:

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged unfair labor practice occurring.

1. EMPLOYER	R AGAINST WHOM CHARGE IS BROU	
a. Name of Employer Simmers Cranes Design and Services		b. Number of workers employed 6
c. Address (Street, city, state, and ZIP code) 1016 South Henderson Street Galesburg IL 61401-	d. Employer Representative Dennis Carton	e. Telephone No. (309)343-7001 Fax No.
f. Type of Establishment (factory, mine, wholesaler, etc.) Crane Servicer	Manager g. Identify principal product or service	(309)343-7027
h. The above-named employer has engaged in and is engaged and (list subsections)	Crane Inspection, Maintenance and Inspaging in unfair labor practices within the mea	
and these unfair labor practices are practices affecting	commerce within the meaning of the Act.	
By the above and other acts, the above-named employer is Section 7 of the Act.		loyees in the exercise of the rights guaranteed in
 Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) 	e full name, including local name and number	
4a, Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) (k	o) (6), (b) (7)(C)	4b. Telephone No. (b) (6), (b) (7)(C) Fax No. (b) (6), (b) (7)(C)
Full name of national or international labor organization organization)	of which it is an affiliate or constituent unit (to	
$_{By}\setminus(D)$ (O), (D) (7)(C) (b) (6),	6. DECLARATION a and that the statements are true to the (b) (7)(C) (b) (6), (b) (7)(C)	Individual
(b) (6), (b) (7)(C)	(D) (O), (D) (7	

FORM NLRB-501 (9-07)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C 3512

DO NOT WRITE IN THIS

Date Filed

Case 33-CA-15521

11/19/07

INSTRUCTIONS:

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged unfair labor practice occurring

	R AGAINST WHOM CHARGE IS BROUGH	
a. Name of Employer MABES ENTERPRISES		b. Number of workers employed 35
c. Address (Street, city, state, and ZIP code) 123 WEST CALHOUN STREET MACOMB IL 61455-	d. Employer Representative JEFF MABREY OWNER	e. Telephone No. (309)836-3030 Fax No.
f. Type of Establishment (factory, mine, wholesaler, etc.) CARRY OUT/DELIVERY RESTAURANT	g. Identify principal product or service PIZZA	
h. The above-named employer has engaged in and is engage subsections) practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act	of the Nationa of the Act, or these unfair labor practices a	Labor Relations Act, and these unfair labor
OUR WORKING CONDITIONS.		
3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C)	e full name, including local name and number)	
(b) (6), (b) (7)(C)		4b. Telephone No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	e full name, including local name and number) (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C) As Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization organization)	(b) (6), (b) (7)(C) of which it is an affiliate or constituent unit (to be	(b) (6), (b) (7)(C) Fax No. () - filled in when charge is filed by a labor
(b) (6), (b) (7)(C) As Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization organization)	(b) (6), (b) (7)(C) of which it is an affiliate or constituent unit (to be	(b) (6), (b) (7)(C) Fax No. () - filled in when charge is filed by a labor

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The rountine uses for the imformation are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.